

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
Nathan Kevin Turner	08cv0360 W (RBB)
DEFENDANT	TYPE OF PROCESS
San Diego Police Department - Crime Lab	08 MAY 8 AM 9:55 SUMMONS AND COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN City/County of San Diego Police Department SOUTHERN DISTRICT OF CALIFORNIA
→ AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1401 Broadway, San Diego, CA 92101-5729
	BY: Q DEPUTY

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	6
<input type="checkbox"/>	Number of parties to be served in this case	6
<input type="checkbox"/>	Check for service on U.S.A.	

NATHAN KEVIN TURNER
CALIFORNIA MEDICAL FACILITY
POST OFFICE BOX 2000
VACAVILLE, CA 95696-2000

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 98	District to Serve No. 98	Signature of Authorized USMS Deputy or Clerk Ascott	Date 5/7/08
---	---------------------------	-------------------------------------	------------------------------------	---	-----------------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Chris Cameron Internal Affairs SDPD #4597	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 5/7/08	Time 1335
	pm	
	Signature of U.S. Marshal or Deputy Miles Lovelace 4122	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS: